

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PRO-471)						SERIAL NO. 9/880688	PLANS DATE
						APPROPRIATE	
9/12/05 CLAIMS						9/12/05	
AD FILED		ADJ. AFTER 1st AMENDMENT		ADJ. AFTER 2nd AMENDMENT			
NO.	DEP.	NO.	DEP.	NO.	DEP.	NO.	DEP.
1						61	
2						62	
3						63	
4						64	
5						65	
6						66	
7						67	
8						68	
9						69	
10						70	
11						71	
12						72	
13						73	
14						74	
15						75	
16						76	
17						77	
18						78	
19						79	
20						80	
21						81	
22						82	
23						83	
24						84	
25						85	
26						86	
27						87	
28						88	
29						89	
30						90	
31						91	
32						92	
33						93	
34						94	
35						95	
36						96	
37						97	
38						98	
39						99	
40						100	
41							
42							
43							
44							
45							
46							
47							
48							
49							
50							
TOTAL NO.	10					TOTAL NO.	11
TOTAL DEP.	36					TOTAL DEP.	41
TOTAL FEE	36					TOTAL FEE	52

BEST AVAILABLE COPY